**LEVEL 4 EXCURSION IMAX**

**31st OCTOBER 2014**

13th October 2014

Dear Parents,

On the 31st October, Level Four students will be going to IMAX to see **SPACE HUBBLE 3D AND MEERKATS 3D.** Will travel to IMAX by, train departing from Mitcham Station at 2 different times. Year 6 students will board the 9:13am train and MUST be at Mitcham Station at 8:50am. Year 5 students will board the 9:23am train and MUST be at Mitcham Station at 9am. We will return on the 2:05pm train from Parliament Station and walk to school from Mitcham Station.

Children are expected to bring their playlunch, lunch and a drink in a small backpack. They should also bring a wet weather jacket in case of rain.

The total cost of this excursion is $21.00. Please fill in the form below and return it to school with your child no later than the 29th October.

Level Four Team

Gillian Prentice, Paul Souter, Jaclyn Raditsis, Alex Tredrea, Sally Dyett, John Hoskin

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**CONSENT TO MEDICAL ATTENTION**

Where the teacher in charge of the excursion is unable to contact me, or it isotherwise impracticable to contact me, I authorise the teacher in charge to:

1. consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
2. administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: Date:

The Department of Education requires this consent to be signed for all students attending school excursions.

**Note:** Parents/guardians should provide written approval prior to their child taking part in any excursion.

**Excursion Permission**

I give/do not give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Grade\_\_\_\_\_\_\_\_\_

to attend the IMAX excursion on 31st October 2014.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have paid the excursion levy.

I enclose $21.00 for the cost of the excursion.

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| **CREDIT CARD PAYMENT Mastercard Visa (please circle)**  **Payment for: IMAX EXCURSION** |
| **Amount $ Credit Card Number \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |
| **Expiry Date: \_\_\_\_/\_\_\_\_ Name on Credit Card:** |
| **Signature: STUDENT NAME AND GRADE:** |